

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Title::	SEPTAL CLOSURE DEVICES
Attorney Docket Number::	106586-154
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4A
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

INVENTOR 1

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US and Poland
Status::	Full Capacity
Given Name::	Andrzej
Middle Name::	J.
Family Name::	Chanduszko
Name Suffix::	
City of Residence::	Weymouth
State or Province of Residence::	MA

Country of Residence::	USA
Street of mailing address::	65 Greentree Lane, Apt. 48
City of mailing address::	Weymouth
State or Province of mailing address::	MA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	02190

INVENTOR 2

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Carol
Middle Name::	A.
Family Name::	Devellian
Name Suffix::	
City of Residence::	Topsfield
State or Province of Residence::	MA
Country of Residence::	USA
Street of mailing address::	64 So. Main Street
City of mailing address::	Topsfield
State or Province of mailing address::	MA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	01983

INVENTOR 3

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status: :	Full Capacity
Given Name::	Todd
Middle Name::	A.
Family Name::	Peavey
City of Residence::	Cambridge
State or Province of Residence::	MA
Country of Residence::	USA
Street of mailing address::	90 Ellery Street #32
City of mailing address::	Cambridge
State or Province of mailing address::	MA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	02139

INVENTOR 4

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status: :	Full Capacity
Given Name::	David
Middle Name::	
Family Name::	Widomski
City of Residence::	South Boston
State or Province of Residence::	MA
Country of Residence::	USA
Street of mailing address::	50 Woodward Street
City of mailing address::	South Boston

State or Province of mailing
address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing
address:: 02127

Correspondence Information

Correspondence Customer
Number:: 23483
Phone number:: (617) 526-6454
Fax Number:: (617) 526-5000
E-Mail address:: michael.diener@haledorr.com

Representative Information

Representative Customer
Number:: 23483

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Dat ::
This application	Application claiming benefit under 35 USC 119(e)	Serial No. 60/431,924	December 9, 2002

Assignment Information

Assignee Name:: NMT Medical, Inc.